



## Redwood County Economic Development Authority

507-637-1122

403 S. Mill St.; P.O. Box 130

Redwood Falls, MN 56283

RedwoodCounty-mn.us

Dear Homeowner:

Thank you for your interest in the Redwood County EDA Local Housing Trust Fund owner-occupied rehabilitation loan program. Enclosed is the program application; please complete, sign, date, and return all documents with the following information:

- \$500 check deposit made out to Redwood County EDA
- Proof of income, if you receive any income:
  - a. If self-employed, copies of last two years' federal tax forms
  - b. If you receive child support or alimony, a copy of the court award
  - c. If you have wages, please enclose a copy of your three most recent pay stubs
  - d. Proof of Social Security SSI award letter
  - e. Retirement statement including investments
- Asset Documentation (minimum of 3 months' bank statements)
- Current Mortgage Statement
- Property Tax statement
- Proof of Homeowners Insurance — copy of Policy Declaration Page
- Verification of MN Housing Fix-up loan application
- Quotes/estimates for work to be performed

We will verify income from other sources and may need additional documentation.

If there are any questions, please contact me at the contact information provided below. When you have completed your application, please return it to me. My office will be in contact to discuss your application and next steps in the process.

Thank You,

Grady Holtberg  
Redwood County EDA Coordinator  
403 S Mill Street  
PO Box 130  
Redwood Falls, MN 56283  
507-637-1122  
[grady\\_h@redwoodcounty-mn.gov](mailto:grady_h@redwoodcounty-mn.gov)

Approved as to Form:

Redwood County Attorney's Office  
Date: 02.03.2026



**EQUAL HOUSING  
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair  
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is Illegal to Discriminate Against Any Person  
Because of Race, Color, Religion, Sex,  
Handicap, Familial Status, or National Origin**

In the sale or rental of housing, or  
residential lots

In the provision of real estate  
brokerage services

In advertising the sale or rental  
of housing

In the appraisal of housing

In the financing of housing,

Blockbusting is also illegal

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**Anyone who feels he or she has been  
discriminated against may file a complaint of  
housing discrimination:**

**1-800-669-9777 (Toll Free)**

**1-800-927-9275 (TTY)**

**[www.hud.gov/fairhousing](http://www.hud.gov/fairhousing)**

**U.S. Department of Housing and  
Urban Development  
Assistant Secretary for Fair Housing and  
Equal Opportunity  
Washington, D.C. 20410**



# Rehabilitation Loan Program Borrower Application

**INSTRUCTIONS:** Complete all information on this application. Please print. Use ink.

## Borrower Information

Last Name	First Name	MI
Social Security or Individual Taxpayer Identification Number	Date of Birth	Dependents under 18
		Other Dependents
		<input type="checkbox"/> Yes <input type="checkbox"/> No Disabled Household
Household Size (   )	Move-in Date	Years Employed
Business Phone	Extension	Home Phone
Mailing Address	Mailing Address 2	
City	State	Zip Code

Have you applied for MN Housing's Fix Up Loan Program\*? YES  NO

*\*(Applying for MN Housing's Fix Up Loan Program is a requirement before applying for this Homeowner Rehabilitation Low Interest Loan Application)*

Were you approved for a loan through MN Housing's Fix-Up Loan Program? YES  NO

If no, why were you denied an MN Housing Fix Up Loan? \_\_\_\_\_

The following information is requested for all borrowers by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations, the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Separated	<b>Race</b> (select 1 or more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

I do not wish to furnish this information

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**Co-Borrower Information** (Repeat for all Co-Borrowers)

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Last Name

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First Name

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MI

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Social Security

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Date of Birth

**Sex**

- Male  
 Female

**Ethnicity**

- Hispanic or Latino  
 Not Hispanic or Latino

**Marital Status**

- Married  
 Not Married  
 Separated

**Race**  
(select 1 or more)

- White  
 Asian  
 Black or African American  
 American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander

I do not wish to furnish this information

**Relationship to Borrower**

- Co-Head of Household  
 Dependent  
 Other Adult  
 Spouse

## Household Information

### Income

List all household members, their ages, and their estimated income (even if it is zero). The income listed should include all income that can be reasonably expected to be received during the next 12 months. Income includes, but is not limited to, the following sources.

Base Pay	Educational Grants
Self-Employment	Transfer Payment Income (Unemployment Compensation, Public Assistance, Worker's Compensation, Disability, VA, Pensions, Social Security Benefits)
Variable Income (Bonus, Overtime, Shift Pay, Commissions, Tips, Seasonal)	Interest/Dividend
Flexible Benefit Cash	Investment Property, etc. (Rental Income, Contract for Deed Payment Income)
Housing Car/Allowance	Roommate Rent
Child/Spousal Support	Income from retirement, 401(k) and Keogh accounts
Other	

Name of ALL Household Member(s), including minor children	Age	Type of Income	Annual Income
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

**Total Annual Household Income** \$ \_\_\_\_\_

**Note:** Household Size listed on page 1 and the number of members listed above should match.

## Assets

List the cash value of assets held by all household residents. If money is owed on any item, the value listed should equal the market value of the item minus the amount that is owed.

Total cash on hand, in checking and savings accounts:	\$	
Bank Name #1	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name #2	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name #3	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name #4	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Cash value of life insurance policies.		\$
Securities or U.S. Savings Bonds.		\$
Market value of all interests in real estate, exclusive of the structure to be improved and a parcel of real property of not more than two contiguous platted lots or 160 continuous acres on which such structure is located.		\$
Recreational vehicles such as golf carts, snowmobiles, boats, or motorcycles.		\$
All other properties, excluding household furnishings, clothing, automobiles, real estate, equipment, supplies, and inventory used in a business.		\$
All land in which any resident of the household holds title and is selling on a contract-for-deed. Value in this case is defined as the outstanding principal balance expected to exist on the contract one year from the date of application.		\$
Total cash value of retirement, 401(k), Keogh and pension fund accounts	\$	
Institution Name #1		
Institution Name #2		
Institution Name #3		
Life estate value on a property other than the subject property.		\$
Other (e.g., additional land holdings, etc.)		\$

**Total Assets** \$

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## Loan History

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List the outstanding balance of all loans/Mortgages/Contracts for Deed on the property, including any deferred loans:

Bank Name	Outstanding Balance	Current
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Combined Balances: \$ _____		

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## Property Information

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_____		_____	
Address		Address 2	
_____	_____	MN	_____
City	Township	State	Zip Code

Building Type

- |  |   |
|--|---|
| <input type="checkbox"/> Single-Family                 | <input type="checkbox"/> Townhome                         |
| <input type="checkbox"/> Duplex                        | <input type="checkbox"/> Twin home                        |
| <input type="checkbox"/> Condominium with Common Areas | <input type="checkbox"/> Condominium without Common Areas |

_____	_____	<input type="checkbox"/> New <input type="checkbox"/> Existing	_____
Year Built	Number of Units	Category	Number of Bedrooms

Total Amount of Funding Requested \$ \_\_\_\_\_

What items would you like to update with these funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Other Funding Sources

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Please list any other Funding Sources and amounts that will be used to complete this project:  
(Personal Savings, Other Loans, Grants, Local Government Incentives, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Other Funding Source Amount</b>	<b>\$ _____</b>

**Disclosures:**

- Redwood County EDA, United States Department of Housing and Urban Development, or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Rehabilitation Loan, upon giving due notice to the occupants.
- The information requested in this application is legally required to determine if you qualify for participation in this Redwood County EDA Local Housing Trust Fund program. A portion of the data requested is classified as “private data on individuals” under Minnesota Statute 462A.065. Use of data obtained is limited to that necessary for the administration and management of this program, Redwood County EDA personnel, those under contract with Redwood County EDA, and other governmental agencies when authorized by state statute or federal law.
- The disclosure of your Social Security Number or Minnesota Tax Identification Number is required for participation in this Minnesota Housing program, by virtue of the Minnesota Revenue Recapture Act of 1980 (Sections 270A.01 to 270A.12 of Minnesota Statutes). Supplying these numbers could result in the application of state tax refunds to the payment of any delinquent indebtedness you may owe to Redwood County EDA under this or any other Redwood County EDA programs. These numbers may be made available to state tax authorities and state personnel involved in the collection of obligations.
- Under the Minnesota Criminal Code, a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.
- 10-year Mortgage (taxed as real property): If the property ceases to be your principal residence or is sold, title is transferred or conveyed, then the full amount of the loan will be due and payable.
- 10-year Manufactured Home Note and Security Agreement (taxed as personal property): If, prior to the maturity of the Note, the home ceases to be your principal residence, or is sold, title is transferred or conveyed, the full amount of the loan will be due and payable.
- Your ability to use any potential equity in the property will be severely restricted. Subordinations are granted only under strictly limited circumstances.

**Certifications:**

- I/We understand loan funds may not be used to pay existing debt or improvements begun or completed before the date of the loan.
- I/We certify that the statements contained in this application are true, accurate, and complete to the best of my/our knowledge and belief. If any of the information included in this Borrower Application changes prior to the loan closing date, I/We agree to notify the lender of these changes within 5 business days of the loan closing date.

Signature	<input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Other Adult	_____
		Date of Application
Signature	<input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Other Adult	_____
		Date of Application
Signature	<input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Other Adult	_____
		Date of Application
Signature	<input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Other Adult	_____
		Date of Application



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## **General Authorization for the Release of Information**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I/We authorize any person, agency, or institution to supply information requested by Redwood County concerning me, my family, or my business, and to allow inspections and reproduction of records in his/her or their possession pertaining to me, my family, or my business by a duly authorized representative of the Redwood County EDA.

I/We authorize Redwood County to release such information to providers or cooperating State or Federal Agencies.

I/We hereby release any person, agency, or institution from any and all liability to me, my family, or my business for supplying such information.

I/We understand that a copy of this release is as valid as the original.

This authorization is given only in connection with its use by Redwood County in its administration of its programs and for no other purpose. It shall continue in effect until such time as I/We state, in writing, to the Redwood County Economic Development Coordinator at 403 South Mill Street, Redwood Falls, MN 56283.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date





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 Redwood Falls, MN 56283  
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## Verification of Employment

Only use if applicable- please complete this form if you are currently employed.

### **-Applicant Section-**

Applicant's Name

Employer's Name

Applicant's Street Address

Employer's Phone Number

Applicant's City, State, Zip

Employer's Fax Number

Applicant's Social Security Number

Employer's Address

I hereby authorize the release of the requested information.

Applicant's Signature

Date

### **-Employer Section-**

The person named above has stated that he or she is now employed, or has been employed by your firm. Their signature on the attached form provides you with permission to release the requested information.

This request is for verification of employment & earnings is required to establish participation in our housing programs. The information you provide will be private & only used in establishing eligibility for this household.

- Gross Earnings during the past 12 months: \_\_\_\_\_
- Is the applicant currently employed with you: \_\_\_\_\_
- How long has the applicant been employed (months/years): \_\_\_\_\_
- Currently hourly gross pay rate: \_\_\_\_\_
- Average number of hours per week: \_\_\_\_\_
- Eligible for tips? \_\_\_\_\_ Estimated Amount: \_\_\_\_\_
- Total annual pay periods: \_\_\_\_\_
- Seasonal employment? \_\_\_\_\_ If yes, how many months of work during the year? \_\_\_\_\_
- Will the applicant be receiving a raise in the next 12months? \_\_\_\_\_  
 If yes, when & how much? \_\_\_\_\_
- Will the applicant receive any bonus pay in the next 12 months? \_\_\_\_\_  
 If yes, how much? \_\_\_\_\_
- Overtime rate of pay after 40 hours: \_\_\_\_\_

Authorized Representative Signature

Print Name

Title

Date

Telephone

*Please return all forms to: Redwood County EDA*

**WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government.**





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### **Information & Picture Release**

This is your authorization to release information regarding my home ownership status, income, employment, bank accounts, outstanding debts, including mortgages, to order a consumer credit report (if necessary), which is necessary to support my application for a housing improvement loan from the Redwood County Local Housing Trust Fund.

My signature also serves as my authorization for digital pictures or photos of my home to be taken by Redwood County EDA. These may be used in publications or displays. I authorize pictures of my house to be used in Annual Reports, which may be distributed throughout the State of Minnesota and surrounding areas.

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Applicant's Signature

Date

A copy of this letter may be distributed to any party with which I have a relationship, and that party may treat that copy as an original.





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### **Nondiscrimination Notice**

"In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 25250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)."

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Applicant's Signature

Date





## **Home Improvements Program Expectations**

### **Homeowner Responsibilities**

*The Housing Program staff will help homeowners during the home improvement process, but homeowners are responsible for making the choices and doing the work listed below.*

1. Homeowners provide the program staff with necessary information promptly.
2. Homeowners, **not the program staff**, choose contractors to put together bids.
3. Homeowners, **not the program staff**, select the contractor to do the work on the house.
4. Homeowners sign home improvement contracts with the selected contractor.
5. Homeowners request and approve payments to their contractors.
6. Homeowners are to be a part of the inspection and approval process for work performed by their contractors.
7. Homeowners work with contractors to settle disagreements during the job.
8. Homeowners contact their contractors to ask them to correct problems covered by contractor warranties during the first two years after the job has been completed.

### **Considerations Before Taking Out a Home Improvement Loan**

1. Not all work that homeowners want to be done can always be done.
2. Repairs correct health and safety problems, but they will not solve all problems.
3. Don't expect the house to be completely new after the work is done.
4. All work shall be done by a licensed contractor, but due to things out of their control, work may not always be perfect when completed.
5. It can be stressful living in a house while a contractor is performing work.
6. Finally, the program staff is **not** the contractor and **cannot** guarantee that homeowners will be satisfied with the work done by the contractors.

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Applicant Signature

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Date

---

Co-Applicant Signature

---

Date

---

Program Staff Signature

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Date





## **Rehabilitation Loan Program Walk-Away Policy**

This walk-away policy will be instituted by Redwood County EDA staff for one or more of the following reasons.

1. When it is determined that the unit is not suitable for rehabilitation.
2. If a property is offered for bid on two separate occasions and no financially acceptable bid is received, or if EDA staff confirms that the property cannot feasibly be rehabilitated to HQS and lead-based paint standards, within the maximum allowable funding level.
3. If the property to be inspected or rehabilitated is in an "unkempt" state which could present health or safety hazards to Redwood County EDA personnel or a Rehabilitation Contractor who would be performing the work, the property owner will be notified in writing and given 30 (thirty) days to bring the property up to an acceptable standard of cleanliness as determined by EDA staff. "Unkempt" may include, but would not be limited to, unsanitary conditions, the presence of general clutter of indisposed household garbage, either inside or outside of the property to be rehabilitated.
4. If it becomes apparent that the applicant, at any phase of the project, is not willing to comply with or accept standard practices of the development program that are outlined in the Redwood County Local Housing Trust Fund Guidelines.
5. If Redwood County EDA Staff or the Rehabilitation Contractor decides that continued presence on the job site may constitute a liability to their company due to the owner, or tenants' personal behavior or threatening manner.

If any of the above-listed problems persist, Redwood County EDA reserves the right to "walk away" from that property and take no further action regarding its renovation. The property owner will be notified in writing within two weeks of the determination to "walk away."

If the project is canceled due to items number 3, 4, or 5, or if you choose to withdraw from the program after either the initial inspection or lead risk assessment/inspection has been conducted, a fee of \$500.00 per inspection, up to \$1,000.00, will be charged to the owner of the property if inspections have occurred. If you continue with the home repairs, the costs of the initial inspection will be charged to the program, and the cost of the lead testing will be part of the program costs or loan, depending on the program.

Payments shall be made to Redwood County EDA no later than thirty (30) days following the action that requires the repayment. If such payment is not made within 30 days, collection proceedings will begin to recapture these funds.

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Applicant's Signature

Date

---

Co-Applicant's Signature

Date

---

Property Address





**IMPORTANT PRIVACY NOTICE**

**\*\*\*Read Before Completing the Application Form\*\*\***

We are asking that you provide the requested information on the Rehabilitation Program application form to determine if you are eligible to participate in the program.

Your name, address, and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the housing rehabilitation program staff about you and your household is considered private data. Access to this data will be limited to the following:

- Staff and other persons involved in program administration
- EDA loan committee members who approve applications
- Auditors who perform required audits of the program
- Authorized personnel from the Minnesota Department of Employment and Economic Development, the US Department of Housing and Urban Development, or other local, state, and federal agencies providing funding assistance for your loan
- Members of the local governing board for the purpose of addressing/resolving applicant complaints (as addressed in the project's policy/procedural manual)
- Those persons whom you authorize to see it
- Law enforcement personnel in the case of suspected fraud or other enforcement authorities, as required

We cannot release private data to anyone else or use the private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, however, that data must be released if required by court order, and in addition, your private data may be released if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Minnesota law gives you important rights in regard to information maintained about you. These include:

- The right to see and obtain copies of data maintained on you
- Be told the contents and meaning of the data, and
- Challenge the accuracy and completeness of the data



EQUAL HOUSING OPPORTUNITY



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## Lien Verification

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Applicant's Name

---

Co-Applicant's Name

---

Property Address

I certify that there are no past due assessments, public debts, or tax liens on my property. I also certify that, if applicable, I am current with any mortgage payments and that my property is not the subject of a pending mortgage foreclosure. Finally, I certify that I have homeowners' insurance that would be an adequate amount to provide collateral for an LHTF loan.

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Applicant's Signature

Date

---

Co-Applicant's Name

Date





**Combined Tennesen Warning and Privacy Act Notice**

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Minnesota Housing Finance Agency (Minnesota Housing) program and to help Minnesota Housing manage the program.

Financial information, such as credit reports, financial statements, and net worth calculations, is classified as private data on individuals by Minnesota Statutes 462A.065. You are not required to provide this information, but if you refuse to provide it, we will be unable to determine your eligibility for this program and approve your application. The information will be shared with Minnesota Housing staff, its loan servicers, and contractors whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

Your Social Security Number (SSN) is classified as private data by Minnesota Statutes 13.355. However, disclosure of your SSN is mandatory, as provided by the following authorities: (1) Title 42 of the United States Code, Section 405(c)(2)(C)(i), which permits the state to require disclosure of your social security number to establish your identity for purposes of administering tax laws of the state; and, (2) Minnesota Statutes, Sections 270A.01 to 270A.12, which established the Revenue Recapture Act, enables the state to collect delinquent debts owed to it by capturing tax refunds and other payments that you may otherwise be entitled. Section 270A.04, subdivisions 3 and 4, require the disclosure of a debtor’s social security number for this purpose.

If you disclose your SSN, Minnesota Housing may share it with the Commissioner of the Minnesota Department of Revenue and the Minnesota Attorney General for the purposes of debt collection under the Revenue Recapture Act. If you do not disclose your SSN, you will not be eligible for this assistance.

Disclosure of your SSN for the purposes of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you apply for a loan, your name, address, and amount of assistance you apply for and receive are classified as public data under Minnesota Statutes 13.462 subdivision 2.

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Applicant’s Signature

Date

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Co-Applicant’s Signature

Date





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## **CONFLICT OF INTEREST INTERVIEW FORM**

Are you or have you been one of the following, during the last 12 months:

- Employee \_\_\_\_\_
- Consultant \_\_\_\_\_
- Officer \_\_\_\_\_
- Elected official \_\_\_\_\_
- Appointed official \_\_\_\_\_

of the:

- State of \_\_\_\_\_ If yes, name agency:

\_\_\_\_\_

- Local Government/its agents \_\_\_\_\_ Name Position:

\_\_\_\_\_

- Managing Consulting Agency \_\_\_\_\_ Name Agency:

\_\_\_\_\_

- Or do you/Have you or any family member had a business relationship with any of the above-named persons?

If yes, describe:

Note: If a conflict exists, it may be possible for the grantee and its agents to request an exception to the conflict from the funding agency.

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Applicant's Signature

Date

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Co-Applicant's Signature

